104439

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION: FIVE (
Washington, D.C. 20549

OMB Number: 3235-007
Expires: August 31, 199
Estimated average burden
hours per response.......16.0



FORM D

AUG # 4 2003 SEC USE ONLY

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Préfix	Serial
DATE F	RECEIVED
ì	ı

Name of Offering (check if this is an ame	endment and name has changed, and indica-	te change.)
Series E Preferred Stock		
Filing Under (Check box(es) that apply):	□ Rule 504 □ Rule 505 ☒ Rule	le 506 Section 4(6) ULOE
Type of Filing: ☐ New Filing ☐ Ame	endment	
	A. BASIC IDENTIFICATION DATA	
 Enter the information requested about t 		
Name of Issuer (check if this is an ame	endment and name has changed, and indicat	te change.)
Stratus Services Group, Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)
500 Craig Road, Manalapan, NJ 07726		732-866-0300
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)
Same		
Brief Description of Business		PROCESSED
Employment Services		AUG 0 5 2003
Type of Business Organization		THOMSON FINANCIAL
	limited partnership, already formed	other (please specify):
☐ business trust	limited partnership, to be formed	
	Month Yea	ar ·
Actual or Estimated Date of Incorporation or	· · · · · · · · · · · · · · · · · · ·	7
Jurisdiction of Incorporation or Organization		
	CN for Canada; FN for other foreign jurisdic	ction) D E
OFFIED AL INOTHIOTIONS		<u> </u>

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

· · · · · · · · · · · · · · · · · · ·		A. BASIC IDENT	TIFICATION DATA		
2. Enter the information re	quested for the	following:		~ ~ ~	
 Each promoter of the complex of the co	he issuer, if the	issuer has been organiz	zed within the past five ye	ears;	
 Each beneficial ow securities of the iss 		power to vote or dispose	e, or direct the vote or dis	sposition of, 10%	% or more of a class equity
		r of corporate issuers an	d of corporate general a	nd managing pa	artners of partnership
issuers; and		. Or borporato locació an	a or corporate goriorar a	ine managing p	
 Each general and r 	managing partn	er of partnership issuers			
Check Box(es) that apply [Promoter	Beneficial Owner			☐ General and/or
Joseph J. Raymond					Managing Partner
Full Name (Last name first, i	if individual)				
500 Craig Road, Suite 201, I	Manalapan, NJ	07726			
Business or Residence Addr	ress (Number a	nd Street, City, State, Zi	p Code)		
Check Box(es) that apply [Promoter	Beneficial Owner	☐ Executive Officer		☐ General and/or
Michael J. Rutkin					Managing Partner
Full Name (Last name first, i	if individual)				
500 Craig Road, Suite 201, I	Manalapan, NJ	07726			
Business or Residence Addr	ress (Number a	nd Street, City, State, Zi	p Code)		
Check Box(es) that apply	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or
Harry Robert Kingston					Managing Partner
Full Name (Last name first, i	f individual)				
500 Craig Road, Suite 201, I	Manalapan, NJ	07726			
Business or Residence Addr	ess (Number a	nd Street, City, State, Zi	p Code)		
Check Box(es) that apply	Promoter	Beneficial Owner	☐ Executive Officer		☐ General and/or
Donald W. Feidt					Managing Partner
Full Name (Last name first, it	f individual)		.,,,,,,		
500 Craig Road, Suite 201, I	Manalapan, NJ	07726			0
Business or Residence Addr	ess (Number a	nd Street, City, State, Zi	p Code)		
Check Box(es) that apply	Promoter	☐ Beneficial Owner	☐ Executive Officer		☐ General and/or
Sanford I. Feld					Managing Partner
Full Name (Last name first, it	f individual)				
500 Craig Road, Suite 201, I	Manalapan, NJ	07726			
Business or Residence Addr	ess (Number a	nd Street, City, State, Zi	p Code)		
Check Box(es) that apply	Promoter	Beneficial Owner		☐ Director	General and/or
Michael A. Maltzman			•		Managing Partner
Full Name (Last name first, it	f individual)				
500 Craig Road, Suite 201, N	Manalapan, NJ	07726			
Business or Residence Addr	ess (Number a	nd Street, City, State, Zi	p Code)		
(1	Use blank shee	t, or copy and use additi	ional copies of this sheet	, as necessary))

Check Box(es) that apply Promoter Benefit	cial Owner 🛛 Exe	cutive Officer [Director	☐ General and/or						
J. Todd Raymond Full Name (Last name first, if individual) 500 Craig Road, Suite 201, Manalapan, NJ 07726 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that apply										
Full Name (Last name first, if individual)										
500 Craig Road, Suite 201, Manalapan, NJ 07726										
J. Todd Raymond Full Name (Last name first, if individual) 500 Craig Road, Suite 201, Manalapan, NJ 07726 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that apply										
J. Todd Raymond Full Name (Last name first, if individual) 500 Craig Road, Suite 201, Manalapan, NJ 07726 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Dean House, Sovereign Court Business or Residence Address (Number and Street, City, State, Zip Code) Huntingdon, Cambridgeshire, PE 29 6XU TR, United Kingdom Check Box(es) that apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)										
Check Box(es) that apply ☐ Promoter ☒ Benefi	cial Owner 🔲 Exec	cutive Officer [Director	☐ General and/or						
Artisan.com Limited				Managing Partner						
Full Name (Last name first, if individual)			, , , , , , , , , , , , , , , , , , , ,							
Dean House, Sovereign Court										
Business or Residence Address (Number and Street,	City, State, Zip Code)									
Huntingdon, Cambridgeshire, PE 29 6XU TR, United R	(ingdom									
Check Box(es) that apply ☐ Promoter ☒ Benefic	cial Owner 🔲 Exec	cutive Officer [Director	☐ General and/or						
Pinnacle Investors Partner, LP				Managing Partner						
Full Name (Last name first, if individual)										
40 Wall Street, 33 th Floor, New York, NY 10005										
Rusiness or Residence Address (Number and Street (City State Zin Code)									

					В.	INFORM	ATION A	BOUT O	FFERING	3				
1.	Has the is	suer sold			er intend to						ng?		Yes	No ⊠
2.	What is th	e minimu						-				•••••	None	
3. 4.	Does the	offering pe	ermit join	t ownersh	nip of a sir	ngle unit	?			•••••	<i>.</i>	rectly, any	Yes	No □
4.	commission of a person	on or simil n to be list ates, list t	ar remun ed is an he name	eration for associated of the bro	or solicitated person oker or de	ion of pu or agent aler. If r	rchasers of a brok nore than	in conne er or dea five (5) p	ction with ler regist persons to	sales of sered with be be listed	securities the SEC	s in the offering. and/or with a ociated persons		
Stat	es in Whic	h Parson	Lietad He	e Solicite	od Durcha	corc		 -						
	eck "All Sta						l States				\bigcirc			
[AL]	[AK]	[AZ]	[AR]	[CA]	[col		[DE]	[DC]	(IEY)	[GA]	(THN)	IIDI		
	[IN]	[IA]	[KS]	[KY]		[ME]	[MD]	(MA)	[MI]	[MM]	[M \$]	(IMO)		
[MT	$\overline{}$	[NV]	[NH]	ונאן	[MM]	[NY]	\bigcirc	[ND]	\bigcirc	[OK]	[OR]	[PA]		
-	~~~	\sim		~			[N¢]		(IO) ₍₁)			~		
[RI]	([sd]	([SD])	[TN]	(KJ)	[UT]	[/T]	[[VA]]	[WA]	[WV]	[[(VI])	[WY]	[PR]		
Rue	iness or Re	esidonce /	Addross /	Number	and Stree	t City S	tate Zin (Codo)						
Dus	iness or the	saluellice /	1001633 (Number		i, Oily, O	late, Zip	Code)						
Nan	ne of Assoc	ciated Bro	ker or De	ealer										
	es in Whicl													
-					•							_	All States	
[AL]		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[Al]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	F PRO	CEEDS			
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			•		
	Type of Security		ggregate ering Price	A		nt Already Sold
	Debt	\$	0	\$		0
	Equity (*Includes \$735,000 exchange)	\$ 1,39	95,000	\$	1,398	5,000*
	☐ Common ☑ Preferred					
	Convertible Securities (including warrants)	\$	0	<u>\$</u>		0 .
	Partnership Interests	\$	0	\$		0
	Other (Specify)	\$	0	\$		0
	Total		95,000	\$	1,395	5,000
	Answer also in Appendix, Column 3, if filing under ULOE					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		0			0
		,	Number ivestors	_	Dolla	gregate r Amount urchases
	Accredited Investors			\$,395	,000
	Non-accredited Investors		0	\$		0
	Total (for filings under Rule 504 only)			\$,395	000,
	Answer also in Appendix, Column 4, if filing under ULOE					
3.	If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.					
	Type of offering	7	Type of	[Oolla	r Amount
		S	Security			Sold
	Rule 505			\$		0
	Regulation A			\$		0
	Rule 504			\$		0
	Total			\$		0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$		0
	Printing and Engraving Costs		\boxtimes	\$		50
	Legal Fees		\boxtimes	\$_	15,0	00
	Accounting Fees		\boxtimes	\$_	5,0	00
	Engineering Fees			\$		0
	Sales Commissions (specify finders' fees separately) Placement Commissions		\boxtimes	\$		
	Other Expenses (identify) other expenses beyond placement fees of placement agent			\$	5,0	00*_
	Total			\$	25,0	50

	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES AND USE	OF I	PROC	EEDS			
	b. Enter the difference between the aggregate of Question 1 and total expenses furnished in respo difference is the "adjusted gross proceeds to the	nse to Part C – Question 4.a. This				\$ 1	,369,9	950
5.	Indicate below the amount of the adjusted gross to be used for each of the purposes shown. If the a an estimate and check the box to the left of the emust equal the adjusted gross proceeds to the iss Question 4.b above.	mount for any purpose is not known, furnish stimate. The total of the payments listed			•			
				Ó Dire	ments to fficers, ectors, & filiates		,	nents To
	Salaries and fees			\$	0		\$	00
	Purchase or real estate			\$	0		\$	0
	Purchase, rental or leasing and installation of mad	chinery and equipment		\$	0		\$	00
	Construction or leasing of plan buildings and facili	ities		\$	0		\$	0
	Acquisition of other business (including the value may be used in exchange for the assets or securi merger)	ties of another issuer pursuant to a	П	\$	0		\$	0
	Repayment of indebtedness		\Box	\$	0		\$	0
	Working capital		_			_		69,950
	Other (specify)		_			_		
				\$	0		\$	0
	Column Totals			\$	0		\$	0
	Total Payments Listed (column totals added)			\$	0	\boxtimes	\$ 1,3	69,950
		D. FEDERAL SIGNATURE			·			
sign	issuer has duly caused this notice to be signed by the ur ature constitutes an undertaking by the issuer to furnish t mation furnished by the issuer to any non-accredited inve	to the U.S. Securities and Exchange Commission,						
Iss	uer (Print or Type)	Signature Allain	T	Date				
ST	RATUS SERVICES GROUP, INC.	Signature Allai A		July _				
Na	ne of Signer (Print or Type)	Fitle of Signer (Print or Type)			·			
Mic	hael A. Maltzman	Chief Financial Officer and Treasurer						

	E. S	TATE SIGNATURE			
1.		f) presently subject to any of the	e disqualification	Yes	No
	provisions of such rule?				\boxtimes
	See Appendix, (column 5, for state response.			
2.	The undersigned issuer hereby undertakes to furnish to Form D (17 CFR 239.500) at such times as required by		ate in which this notice is	filed, a	notice on
3.	The undersigned issuer hereby undertakes to furnish to issuer to offerees.	he state administrators, upon w	ritten request, information	n furnish	ed by the
4.	The undersigned issuer represents that the issuer is fam Limited Offering Exemption (ULOE) of the state in which of this exemption has the burden of establishing that the	this notice is filed and understa	nds that the issuer claimi		
	e issuer has read this notification and knows the contents dersigned duly authorized person.	o be true and has duly caused t	his notice to be signed or	n its beha	alf by the
Iss	suer (Print or Type) Signatu	re Comment	Date		
ST	RATUS SERVICES GROUP, INC.	way h north	July 14, 2003		
Na	me of Signer (Print or Type) Title of	Signer (Print or Type)			

Chief Financial Officer and Treasurer

Instruction:

Michael A. Maltzman

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	to acc inve	d to sell non- redited stors in State B-Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item	Type of in amount purc (Part C		vestor and nased in State -Item 2)		under S (if yes explar waiver	5 diffication tate ULOE attach nation of granted) E-Item 1)
				Number of Accredited		Number of Non-Accredited	-		
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL		✓							
AK		✓							
ΑZ		✓							
AR		✓							
CA .		~	\$125,000 Series E Preferred Stock	3	\$125,000	0	0		/
со		~	\$50,000 Series E Preferred Stock	1	\$50,000	0	0		~
СТ		√	\$50,000 Series E Preferred Stock	1	\$50,000	0	0		*
DE		✓							
DC		✓ /							
FL		✓	\$50,000 Series E Preferred Stock	1	\$50,000	0	0		/
GA		✓							
ні		~	\$50,000 Series E Preferred Stock	1	\$50,000	0	0		1
ID		~							
IL	·	~	\$75,000 Series E Preferred Stock	2	\$75,000	0	0		1
IN		✓							
IA		~							
кs		✓							
KY		/							
LA		·	\$50,000 Series E Preferred Stock	1	\$50,000	0	0		✓
ME		✓							
MD		✓							
ма		~	\$50,000 Series E Preferred Stock	1	\$50,000	0	0		~
Мі		✓							

APPENDIX

1	acc inve	ond to sell onon- credited estors in State B-Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item		Type of investor and amount purchased in State (Part C-Item 2) Number of Number of Number of Non-Accredited					
0 4-4-	.			Accredited		Non-Accredited	4 4	V		
State MN	Yes	No ✓	\$25,000 Series E Preferred Stock	Investors	Amount \$25,000	Investors 0	Amount 0	Yes	No	
MS		√	\$25,000 Series E Preferred Stock	1	\$25,000	0	0		~	
МО		✓	\$10,000 Series E Preferred Stock	1	\$10,000	0	0		✓	
МТ		✓								
NE		~	\$50,000 Series E Preferred Stock	1	\$50,000	0	0		~	
NV		✓								
NH		✓								
NJ		~	\$95,000 Series E Preferred Stock	4	\$95,000	0	0		~	
NM		✓								
NY		✓						=		
NC	·	✓	\$200,000 Series E Preferred Stock	1	\$200,000	0	0		~	
ND		✓							1	
ОН		✓								
ок		✓								
OR		✓								
PA		·	\$175,000 Series E Preferred Stock	3	\$175,000	0	0		✓	
RI		~								
sc		·	\$40,000 Series E Preferred Stock	. 1	\$40,000	0	0		~	
SD		✓	\$50,000 Series E Preferred Stock	1	\$50,000	0	0		✓	
TN		~								
тх		✓	\$50,000 Series E Preferred Stock	1	\$50,000	0	0		✓	
UΤ		✓			}					

Δ	PΙ)F	NI	n	Y

1		2	3			4		5		
	to acc inve	nd to sell o non- credited estors in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
VΤ		✓			_					
VA		~	\$150,000 Series E Preferred Stock	3	\$150,000	0	0		~	
WA		✓								
wv		✓								
WI		✓	\$25,000 Series E Preferred Stock	1	\$25,000	0	0		~	
WY		✓		,				_		
PR		~								